

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: R37
Aquifer: _____
E-Log #: _____

County: Kemper
Permit #: MS-GW-17060 ✓
Driller: Joel Dauba
Date drilling completed: 5-10-13

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Liberty Fuels</u>	Latitude: <u>32°N 38'18.6134"</u> Longitude: <u>88°W 45'35.7805"</u>
Mailing Address: <u>086 Willie Glass Road</u>	Method of Lat/Long (check one): Conventional Survey, _____
City <u>Bailey</u> State <u>MS</u> ZC <u>39230</u>	USGS Quad <u>5E</u> 1/4 <u>5E</u> 1/4, Sec <u>9</u> ✓ T <u>9N</u> ✓ R <u>15E</u> ✓
Telephone No. <u>(601) 961-5239</u>	<u>15</u> Miles <u>SW</u> of <u>DeKalb</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>3-11-13</u>	Date drilling completed: <u>5-10-13</u> Hole depth: <u>493'</u> Hole diameter: <u>12 3/4"</u>
Location of the source of any surface water used for drilling: _____ Fire hydrant on site _____	
Method of dosing and volume of Chlorine used in drilling and development: <u>15 gallons poured through top</u>	
Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>Layne Christensen Company</u>	
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block.</i>	
Purpose of Well (circle all applicable): Home <u>Industrial</u> Public Supply Irrigation Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>169</u> Feet [Above or <u>Below</u> Land surface Date measured: <u>5-10-13</u> (circle one)	
Method of measurement (circle one): Steel tape <u>Electric tape</u> Air line Other (describe): _____	
Well depth: <u>482'</u> Well grouted to a depth of: <u>155</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>442</u> Feet Casing diameter: <u>6</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> Feet Screen diameter: <u>5</u> inches Type of screen: <u>Stainless</u>	
Screen slot size: <u>.020</u> Setting depth: From <u>442</u> feet to <u>482</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open Hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>442</u> feet	
<i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A (4/13)

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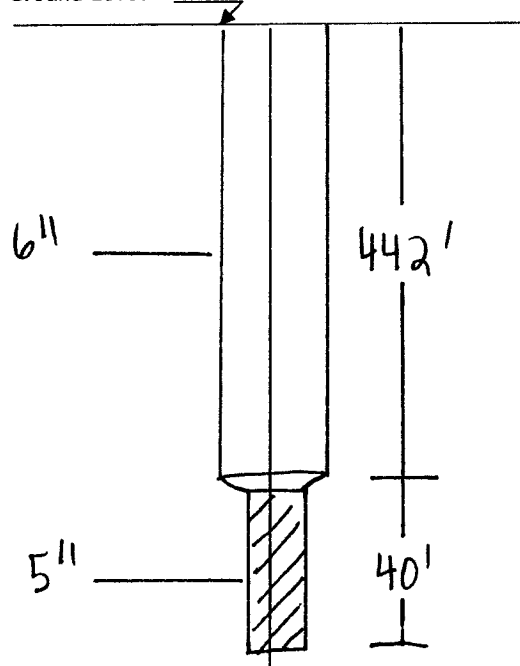
AUG 21 2013

BY: OLWR

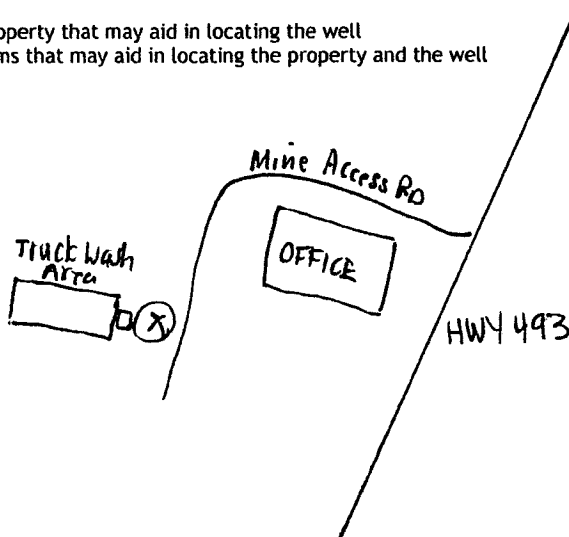
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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Ground Level

[illegible]

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow



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BY OLIVER

Landowner Name: Liberty Fuels

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Joseph Savorgnan 0-766
Print Name of Responsible Licensee and License No.

6/30/13
Date

Signature of Licensee

Form: O/LWB-SWR-1A (4/13)

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: R37
Aquifer: _____

County: Kemper
Permit #: MS-GW-17060
Driller: Joel Dauba
Date drilling completed: 5-10-13
Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Liberty Fuels</u>	Latitude: <u>32°N 32'18.6134"</u> Longitude: <u>88°W 45'35.7805"</u>
Mailing Address: <u>086 Willie Glass Road</u>	Method of Lat/Long (check one): Conventional Survey, _____
	USGS Quad _____ Hand-held GPS _____ Survey-grade GPS <u>X</u>
City <u>Bailey</u> State <u>MS</u> ZC <u>39320</u>	<u>1/4</u> _____ <u>1/4</u> , Sec _____ T _____ R _____
Telephone No. <u>(601) 961-5239</u>	<u>15</u> Miles <u>SW</u> of <u>DeKalb</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 5-24-13 Rated Pump Capacity: 80 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 10 Setting Depth: 300 Number of Stages: 12

Pump Test Data for Non Flowing Well

Date Well Tested: 5-28-13 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 169 Feet Below Land Surface Pumping Water Level (B): 171 Feet Below Land Surface

Drawdown [(B) - (A)]: 2 Feet Below Land Surface Test Pumping Rate: 80 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet

Well yielded 80 GPM with a drawdown of 2 feet after 4 hours of pumping

Meter Installation

Meter Manufacturer: McCrometer Meter Serial Number: _____

Meter Model Number/Name: ML-04 3" Water Specialties Type of Meter: Propeller

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: 5-24-13 Meter installed by: Mike Hart

Is This Meter (circle one): New Repaired Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.
For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Joseph Swargisen 0-766 6/30/13 Joseph Swargisen

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR/SW/BA (4/13)

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